

Dealing with a Difficult Learning Situation Objectives

Discuss common problematic behaviors in learners

Identify strategies to prevent or approach difficult learning encounters

Utilize SOAP as an approach to problem interactions with learners using simulated scenarios

Related Resident Evaluation Items

- Clearly communicated roles and expectations.
- Provided prompt constructive feedback.
- Was a positive role-model for professional practice and behaviors.

Summary of Problematic Behaviors & Strategies

Adapted from: Hicks, Patricia J., et al. "To the point: medical education reviews—dealing with student difficulties in the clinical setting." American journal of obstetrics and gynecology 193.6 (2005): 1915-1922.

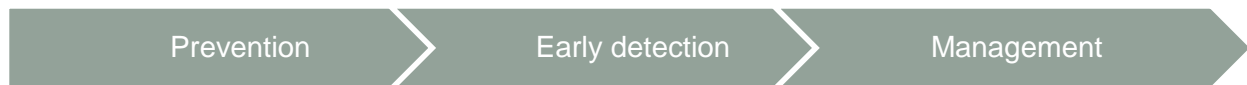
Type of problem	Description of problems	Intervention/Plan
Frequently encountered and difficult to manage	<ul style="list-style-type: none"> • Bright with poor interpersonal skills • Excessively shy, non-assertive 	<ul style="list-style-type: none"> • Address student directly • Contact clerkship director • Role model appropriate behaviors
Frequently encountered and not difficult to manage	<ul style="list-style-type: none"> • Poor integration skills • Over-eager • Cannot focus on what is important • Disorganized • Disinterested • A poor fund of knowledge 	<ul style="list-style-type: none"> • Assignments/reading • Clinical reasoning cases • Provide feedback • Link tasks on your service to learner's area of interest • Monitor performance • Directed reading • Attendance at local conferences (M&M, morning report, etc.) • Send to academic support
Not frequently encountered and difficult to manage	<ul style="list-style-type: none"> • Cannot be trusted • A psychiatric problem • A substance abuse problem • "Con artist" (manipulative) 	<ul style="list-style-type: none"> • Contact clerkship director

Not frequently encountered and not difficult to manage

- Hostile
- Rude
- Too casual and informal
- Avoids work
- Does not measure up intellectually
- Avoids patient contact
- Does not show up
- Challenges everything
- All thumbs

- Address student directly (learning prescription)
- Contact clerkship director
- Monitor performance/attendance
- Provide feedback
- Learner contract

Familiar Analogy



Primary Prevention

- Set expectations
- Orient the student well
- Re-assess halfway through the rotation

Early Detection

- Pay attention to clues and intuition
- Don't wait
- Give specific feedback and monitor
- Initiate SOAP

Management

- Seek help from the clerkship or program director
- Communicate your concerns
- Assess fairly – be completely honest in your evaluation of the student

SOAP – An Approach to Problem Interactions

Subjective or Chief Complaint – Based off of:

- Personal observations
- Other's observations
- Student's perception

Objective – Identification of specific behaviors. For example:

- 20 minutes late to office 4 out of 5 days
- Took forty minutes to assess patient with cold
- Spoke harshly to receptionist when asking to schedule follow-up appointment with Mrs. X
- Unable to recall info on symptoms of UTI on Wed. after review on Tuesday

Assessment – Identification of what caused the problem

- Cognitive – different levels of knowledge or skill, learning disability, lack of interest
- Affective – nervousness, anxiety, depression, anger, fear
- Misalignment of values – the learner may expect a light workload or personal/religious values and principles interfere with expectations
- Environment – shift in type of service (inpatient v. outpatient), well-defined patient population to undifferentiated population
- Medical – you should not try to diagnose your student however you may observe behaviors that could be linked to a medical reason such as eating disorders, substance abuse, psychosis

Plan – Determine your next steps

- Gather more data
- Intervene
- Get help.....not last resort

Think about your contributions to the problematic interaction

- Unexpected life events
- Personality clash
- Ask yourself:
 - Is the presence of the learner preventing you from doing what needs to be done?
 - Are your issues seriously affecting the education of the learner?

References

Hicks, Patricia J., et al. "To the point: medical education reviews—dealing with student difficulties in the clinical setting." *American journal of obstetrics and gynecology* 193.6 (2005): 1915-1922.

Hauer, Karen E., et al. "Remediation of the deficiencies of physicians across the continuum from medical school to practice: a thematic review of the literature." *Academic Medicine* 84.12 (2009): 1822-1832.

Frellsen, Sandra L., et al. "Medical school policies regarding struggling medical students during the internal medicine clerkships: results of a national survey." *Academic Medicine* 83.9 (2008): 876-881.

Paulman, Paul M. "Managing the difficult learning situation." *Fam Med* 32.5 (2000): 307-9.

Kirk, L. M. (2007). Professionalism in medicine: definitions and considerations for teaching. *Proceedings (Baylor University. Medical Center)*, 20(1), 13.